

Closing Gaps in Maternal Mental Healthcare

“15x30” 15 Aims for the Field by the Year 2030

- OBs (in large health systems) have adopted the AIM bundle screening protocol
- ERs in the US have adopted the AIM bundle screening protocol and Zero Suicide protocol
- Medicaid agencies / Private Insurers have 75% screening rates among contracted OBs (HEDIS)

- States meet ratio of outpatient MMH program(s)
- States meet ratio inpatient MMH program(s)
- States meet ratio of PMH-Cs per birth
- States meet ratio of MMH prescribers per birth
- States meet ratio of CBOs per birth rate
- States have mental health peer certification
- States increase utilization of certified MMH lay professionals (peers, doulas, CHWs)

- Medicaid agencies have published billing codes/guidelines on reimbursement of Obs for Dx/Tx
- Large insurers have published billing codes/guidelines on reimbursement of Obs for Dx/Tx
- Medicaid agencies address billing/reimbursement and Utilization Management (UM) criteria (including drug coverage re: zolranolone) in contracts with MCOs
- Large insurers have published UM criteria (including re: zolranolone)
- Medicaid agencies and/or large insurers have taken the pledge/action to integrate mental health into medical coverage

Our Focus Areas

ADEQUATE SCREENING

Obstetric providers adopt a standard protocol for early, full spectrum, and routine screening, and they account for screening rates and health outcomes.

ACCESS TO TREATMENT

A broad range of qualified maternal mental health providers are trained and accessible so that evidence-based care options are equitably available to mothers in the U.S.

AMPLE INSURANCE COVERAGE

Private Insurers and Medicaid plans meet criteria for

- best practice benefit coverage
- behavioral health integration
- provider reimbursement
- care utilization
- provider network adequacy

Our Focus-Area Specific Inputs

- Develop/Refresh Screening/Diagnostic tools: issue brief, script*, diagnostic tool overview
- Creating new data on payment with ACOG
- Develop solutions with AHA/Zero Suicide Inst.
- Medicaid Core Set Workgroup
- Report on Medicaid & Large Insurers HEDIS Rates, positive press for those doing well*

- Research/Write Access to Care Issue Brief*
- Create Map/report of Resources/Risks
- Catalyze MH Certified Peer Support State Certification* through State Policy Change
- Develop inpatient/outpatient "Level of Care" framework with national partners*
- Provide TA to hospitals in building up MMH treatment (Whole Mom Standards)*
- Drive development of national MMH CoE
- Catalyze national OB-Psych Consult Program*
- Develop and support Community Based Org (CBO) Network & CBO "planting" *

- Report on Billing coverage: issue brief, letters
- Peer/lay professional issue brief
- Document Patient/provider barriers through surveys, etc., with partners
- Promote Integration of BH in Med Contracts*
- Embed lay professionals in OB clinics pilot*
- Catalyze network adequacy of PMH-Cs
- Address payment to OBs in lieu of cap
- Provide TA to Insurers to improve screening and treatment build-up (Whole Mom Standards)*

Cross-Cutting Activities

- MMH Report Card
- FORUM
- Congressional Briefings
- State of the Nation Report
- Blog posts
- Model State Legislation
- Agency/Congressional letter writing
- Policy Fellows
- Meetings with key stakeholders

Vision

*A U.S. healthcare system that routinely **detects and treats** maternal mental health disorders for **every mother, every time.***